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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

CHAPTER 13 PLAN AND RELATED MOTIONS

Name of Debtor(s	Shannon Justine Western	Case No:	14-32346-KRH
This plan, dated	May 5, 2014 , is:		
	the <i>first</i> Chapter 13 plan filed in this case.		
	a modified Plan, which replaces the		
	□confirmed or □unconfirmed Plan dated		

Date and Time of Modified Plan Confirming Hearing:

Place of Modified Plan Confirmation Hearing:

The Plan provisions modified by this filing are:

Creditors affected by this modification are:

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing. If no objections are timely filed, a confirmation hearing will NOT be held.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$173,729.00

Total Non-Priority Unsecured Debt: \$57,855.98

Total Priority Debt: **\$0.00**Total Secured Debt: **\$164,625.00**

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- **1. Funding of Plan.** The debtor(s) propose to pay the trustee the sum of **\$480.00 Monthly for 60 months**. Other payments to the Trustee are as follows: **NONE** . The total amount to be paid into the plan is **\$28,800.00** .
- 2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
 - A. Administrative Claims under 11 U.S.C. § 1326.
 - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
 - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

Creditor	Type of Priority	Estimated Claim	Payment and Term
-NONE-			

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor	Collateral	Purchase Date	Est Debt Bal.	Replacement Value
Bank of Southside	Motor Vehicle - 2011 Kia Sedona with	10/18/2011	24,586.00	18,325.00
VA	57,000 Miles			

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

Creditor	Collateral Description	Estimated Value	Estimated Total Claim
VHDA	Primary Residence	146,300.00	7,527.00
	Located at: 13401 Bermuda Place		
	Drive Chester Va 23836		
VHDA	Primary Residence	146,300.00	159,621.00
	Located at: 13401 Bermuda Place		
	Drive Chester Va 23836		

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C. **Adequate Protection Payments.**

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor Bank of Southside VA Collateral Description

Adeq. Protection Monthly Payment 90.00

To Be Paid By Trustee

Motor Vehicle - 2011 Kia Sedona with

57,000 Miles

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor Collateral Bank of Southside Motor Vehicle - 2011 Kia Sedona with 57,000 Miles ۷A

Approx. Bal. of Debt or Interest "Crammed Down" Value Rate 18,325.00 4.25%

Monthly Paymt & Est. Term**

339.55

60 months

Ε. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

4. **Unsecured Claims.**

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately **0** %.
- В. Separately classified unsecured claims.

Creditor -NONE-

Basis for Classification

Treatment

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- 5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

		Regular		Arrearage		Monthly
		Contract	Estimated	Interest	Estimated	Arrearage
Creditor	<u>Collateral</u>	Payment	Arrearage	Rate	Cure Period	Payment
-NONE-						

B. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

		Regular			Monthly
		Contract	Estimated Interest	Term for	Arrearage
Creditor	Collateral	Payment	Arrearage Rate	Arrearage	Payment
-NONE-					

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

		Interest	Estimated	
Creditor	Collateral	Rate	Claim	Monthly Paymt& Est. Term**
-NONE-				

- **6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.
 - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts.

<u>Creditor</u> <u>Type of Contract</u> <u>Courthouse Green Apartments</u> <u>Apartment - Reject</u>

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

			Monthly	
			Payment	Estimated
Creditor	Type of Contract	Arrearage	for Arrears	Cure Period
NONE				

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- 7. Liens Which Debtor(s) Seek to Avoid.
 - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

- 8. Treatment and Payment of Claims.
 - All creditors must timely file a proof of claim to receive payment from the Trustee.
 - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
 - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
 - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- 9. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:
 - I. Payment of Adequate Protection
 - All adequate protection payments set forth in Section 3.C are to be paid through the Trustee.
 - The Debtor(s) shall pay regular post-petition contract payments to the creditors listed in Section 5.A., and such payments shall also constitute adequate protection payments to such creditors. Accordingly, the Trustee shall not pay adequate protection payments to creditors listed in Section 5.A.
 - No adequate protection payments are to be paid to any creditors unless the Plan provides for the payment of adequate protection of such claim(s) through the Trustee in Section 3.C. or directly by the Debtor(s) in Section 5.A., or unless the Court orders otherwise.
 - II. Direct Payments on Long-Term Debts to the Following Creditor(s):

Creditor: US Department of Education; GLELSI

Under 11 U.S.C. Section 1322(b)(5), since the last payment on the claim is due after the date on which the final payment under the plan is due, the debtor can maintain regular payments while in the plan.

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Signatures:		
Dated: N	May 5, 2014	_
/s/ Shannor	n Justine Western	/s/ Patrick Thomas Keith VSB
	ustine Western	Patrick Thomas Keith VSB 48446
Debtor		Debtor's Attorney
Exhibits:	Copy of Debtor(s)' Budget (Schedule Matrix of Parties Served with Plan	es I and J);
I certify that		Certificate of Service e foregoing to the creditors and parties in interest on the attached Service List.
		Thomas Keith VSB
		omas Keith VSB 48446
	Signature	
	P. O. Box	11588
	Richmond	, VA 23230-1588
	Address	
	804-358-99	900
	Telephone	No.

Ver. 09/17/09 [effective 12/01/09]

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United States Bankruptcy Court Eastern District of Virginia

In re	Shann	on Justine Western			Case No.	14-32346-KRH			
			Debt	or(s)	Chapter	_13			
		SPECIAL NO	FICE TO SE	CURE	D CREDITOR				
To:		f Southside V]f[]b]UžW#c'>UaYg'H"6i ox(\$;7UfgcbžJ5''&','\$	fYb						
	Name of creditor								
	Motor \	Motor Vehicle - 2011 Kia Sedona with 57,000 Miles							
	Descrip	otion of collateral							
1.	The att	ached chapter 13 plan filed by the debto	or(s) proposes (check one	2):				
		To value your collateral. <i>See Section</i> amount you are owed above the value							
		To cancel or reduce a judgment lien of <i>Section 7 of the plan</i> . All or a portion							
	posed rel of the ol	ould read the attached plan carefully jief granted, unless you file and serve a objection must be served on the debtor(s)	written objection, their attorney,	n by the cand the cand	date specified and appe	ear at the confirmation hearing.			
		nd time of confirmation hearing:	<u> </u>			I @ 9:10 A.M.			
		of confirmation hearing:	7	01 E. Bro	ad St., Room 5000, R	ichmond, VA			
				Shann	on Justine Western				
				Name(s	s) of debtor(s)				
			By:		rick Thomas Keith VS				
					Thomas Keith VSB 4	8446			
				Signatu	ire				
					or(s)' Attorney				
				☐ Pro s	e debtor				
					Thomas Keith VSB 4				
					of attorney for debtor(s ox 11588)			
				Richm	ond, VA 23230-1588	<u> </u>			
				Addres	s of attorney [or pro se	edebtor]			
				Tel.#	804-358-9900				
				Fax #	(804) 358-8704				

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CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attac creditor noted above by	hed Chapter 13 Plan and Related Motions were served upon the
☐ first class mail in conformity with the requirements	of Rule 7004(b), Fed.R.Bankr.P; or
■ certified mail in conformity with the requirements of	Rule 7004(h), Fed.R.Bankr.P
on this May 5, 2014 .	
	/s/ Patrick Thomas Keith VSB
	Patrick Thomas Keith VSB 48446
	Signature of attorney for debtor(s)

Ver. 09/17/09 [effective 12/01/09]

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E:II	in this information to identify your o	2000:						
		stine Western						
-	otor 2 use, if filing)				_			
	ted States Bankruptcy Court for the	. EASTEDN DISTDICT	OE VIDGINIA					
		EASTERN DISTRICT	OF VIRGINIA		_			
	se number <u>14-32346-KRH</u>		-			ck if this is: An amende		
						A suppleme	ent showing post-po as of the following	
O	fficial Form B 6I						J	Jale.
	chedule I: Your Inc	ome				MM / DD/ Y	YYY	12/13
spoi atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not includ	e infor	mation abo	ut your spo	ouse. If more space	ce is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spo	use
	If you have more than one job,	Employment status	■ Employed			☐ Employed		
	attach a separate page with information about additional		☐ Not employed			☐ Not employed		
	employers.	Occupation	Admin Assist					
	Include part-time, seasonal, or self-employed work.	Employer's name	Department of De	efense	<u> </u>			
	Occupation may include student or homemaker, if it applies.	Employer's address	P.O. Box 998002 Cleveland, OH 44	199				
		How long employed t	here? Since 08	/14/20	11	_		
Par	t 2: Give Details About Mo	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to rep	oort for	any line, wr	ite \$0 in the	e space. Include yo	ur non-filing
-	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	for all	employers fo	or that perso	on on the lines belo	w. If you need
					For De	ebtor 1	For Debtor 2 or non-filing spou	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,196.40	\$I	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$\$	196.40	\$ N /	<u>A</u>

Deb	tor 1	Shannon Justine Western	_	Case i	number (<i>if known</i>)	14-3234	6-KRH	
				For	Debtor 1		otor 2 or ng spouse	
	Cop	py line 4 here	4.	\$	4,196.40	\$	N/A	
5.	List	t all payroll deductions:						
٠.	5a.		5a.	\$	469.24	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	33.56	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	280.93	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: TSP Savings	5h.+	· \$		+ \$	N/A	
		FEHB		\$	309.29	\$	N/A	
		FEGLI		\$	17.23	\$	N/A	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,362.04	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,834.36	\$	N/A	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$_ \$_ \$_	0.00 0.00 0.00	\$ \$ \$	N/A N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA Disability	ce 8f.	\$	1,900.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	ŭ	Federal and State Tax Refunds	J			-		
	8h.	Other monthly income. Specify: Amortized	8h.+	\$	333.33	+ \$	N/A	
		Military Pay		\$	260.00	\$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,493.33	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$;	5,327.69 + \$	N	#/A = \$.69
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify:	ur deper		•	ted in Sch		.00
12.		d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Centrolies				ta. if it	12. \$ 5,327	.69
13.	Do	you expect an increase or decrease within the year after you file this form	m?				Combined monthly incon	ıe
	_	Voc Evalain						

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Fill i	in this information to identify	your case:							
Debt	tor 1 Shannon	Justine Western		Chack	if this is:				
DCU	Silailion	Justine Western		_	amended filing				
Debt	tor 2				Č	nost-netition chanter 13			
Debtor 2 (Spouse, if filing)				A supplement showing post-petition chapter 13 expenses as of the following date:					
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA					MM / DD / YYYY				
	e number 14-32346-KR nown)	<u>H</u>	A separate filing for Debtor 2 because Debtor 2 maintains a separate household						
	ficial Form B 6J	_ .							
Sc	hedule J: Your	Expenses				12	/13		
info		possible. If two married people are filing eded, attach another sheet to this form. ion.							
Part 1.	1: Describe Your House Is this a joint case?	sehold					_		
1.	•								
	No. Go to line 2.								
	☐ Yes. Does Debtor 2 live	in a separate household?							
	□ No								
	☐ Yes. Debtor 2 m	ust file a separate Schedule J.							
2.	Do you have dependents?	□ No							
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?			
	Do not state the dependents					□ No			
	names.		Son		2 Years	Yes			
			•			□ No			
			Son		5 Years	Yes			
						□ No			
			Daughter		9 Years	Yes			
						□ No			
						☐ Yes			
3.	Do your expenses include expenses of people other the yourself and your depende								
Part		oing Monthly Expenses							
expe		ur bankruptcy filing date unless you are ankruptcy is filed. If this is a supplemen							
		non-cash government assistance if you ked it on <i>Schedule I: Your Income</i> (Officia			Your expo	enses			
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.			4. \$		1,400.00			
	If not included in line 4:								
	4a. Real estate taxes			4a. \$		0.00			
	4b. Property, homeowner	r's, or renter's insurance		4b. \$	-	0.00			
	4c. Home maintenance,	repair, and upkeep expenses		4c. \$		0.00			
	4d. Homeowner's associ	ation or condominium dues		4d. \$		0.00			
5.	Additional mortgage payn	nents for your residence, such as home eq	uity loans	5. \$	<u> </u>	0.00			

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Shannon Justine Western	Case numl	ber (if known)	14-32346-KRH
ties:			
Electricity, heat, natural gas	6a.	\$	225.00
Water, sewer, garbage collection	6b.	\$	50.00
Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	400.00
	6d.	\$	0.00
		\$	844.00
		· -	600.00
			150.00
			100.00
•		· -	150.00
•	11.	Φ	150.00
	12.	\$	400.00
			150.00
		· -	0.00
	14.	Ψ	0.00
	15a.	\$	27.00
		· -	0.00
		·	160.00
			0.00
	130.	Φ	0.00
	16	•	41.67
		Φ	41.07
* ·	179	•	0.00
			0.00
		· -	
			0.00
		\$	0.00
	cted	•	0.00
	10.		
	10		0.00
		_	
			0.00
			0.00
			0.00
		·	0.00
			0.00
er: Specify: Miscellaneous Expense	21.	+\$	150.00
r monthly expenses. Add lines 4 through 21	22	S	4,847.67
· -			4,047.07
, , , , , , , , , , , , , , , , , , ,			
	23a	\$	5,327.69
			4,847.67
Copy your monumy expenses from fine 22 above.	430.	Ψ	4,041.01
Subtract your monthly expenses from your monthly income.			480.02
	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning conal care products and services lical and dental expenses insportation. Include gas, maintenance, bus or train fare. cot include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rrance. cot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. eify: Personal Property allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Trayments of alimony, maintenance, and support that you did not report as deducting your pay on line 5, Schedule 1, Your Income (Official Form 61). er payments you make to support others who do not live with you. eify:	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: da and housekeeping supplies dorare and children's education costs hing, laundry, and dry cleaning onal care products and services lical and dental expenses lital supportation. Include gas, maintenance, bus or train fare. to include car payments. ratiable contributions and religious donations rance. Utile insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance deducted from your pay or included in lines 4 or 20. Life insurance. Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. infy: Personal Property allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Other. Specify: Other. Specify: Other. Specify: Trayments of alimony, maintenance, and support that you did not report as deducted a your pay on line 5, Schedule 1, Your Income (Official Form 61). The payments of alimony, maintenance, and support that you did not report as deducted a your pay on line 5, Schedule 1, Your Income (Official Form 61). The payments of alimony, maintenance, and support that you did not report as deducted a your pay on line 5, Schedule 1, Your Income (Official Form 61). The payments of alimony, maintenance, and support that you did not report as deducted a your pay on line 5, Schedule 1, Your Income (Official Form 61). The payments of alimony, maintenance, and support that you did not report as deducted a your pay on line 5, Schedule 1, Your Income (Official Form 61). The payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Yo	tites: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies d and housekeeping supplies 7. \$ d and housekeeping supplies 8. \$ hing, laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ lical and dental expenses 11. \$ supportation. Include gas, maintenance, bus or train fare. 10. to include car payments. 12. \$ retainment, clubs, recreation, newspapers, magazines, and books 13. \$ ritable contributions and religious donations 14. \$ rance. 15. \$ Life insurance 15. \$ Wehicle insurance deducted from your pay or included in lines 4 or 20. Life insurance Other insurance. Specify: 15. \$ Sonot include taxes deducted from your pay or included in lines 4 or 20. Infigir. Personal Property allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: 17a. \$ Car payments for Vehicle 2 Other. Specify: 17b. \$ Other. Specify: 17c. \$ Other. Specify: 17d. \$ re payments of alimony, maintenance, and support that you did not report as deducted repayment your pay on line \$, Schedule I, Your Income (Official Form 61). 18. \$ 18. \$ 19

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